## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Application or | <b>Docket</b> | Number |
|----------------|---------------|--------|
|----------------|---------------|--------|

1003542

| CLAIMS AS FILED - PART I   |  |                                   | SMALL E<br>(Column 2) TYPE |         | SMALL EN<br>TYPE | NTITY OR                        |                  | OTHER THAN SMALL ENTITY |                     |                        |           |                     |                        |
|--|--|-----------------------------------|----------------------------|---------|------------------|---------------------------------|------------------|-------------------------|---------------------|------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS   |  |                                   | 10                         |         |                  |                                 |                  | RATE                    | FEE                 | 1                      | RATE      | FEE                 |                        |
| FOR  |  | $\dashv$                          | NUMBER FILED               |         | NUMBER EXTRA     |                                 |                  | BASIC FEE               | 370.00              | OR                     | BASIC FEE | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS  |  |                                   | 10 minus 20= *             |         |                  |                                 | X\$ 9=           |                         | OR                  | X\$18=                 |           |                     |                        |
|  |  |                                   |                            | nus 3 = | * 21             |                                 |                  | X42=                    |                     | OR                     | X84=      | 336                 |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                   |                            |         |                  |                                 |                  | +140=                   |                     | OR                     | +280=     |                     |                        |
| * If the difference in column 1 is less than zero, enter   |  |                                   |                            |         |                  | r "O" in c                      | olumn 2          |                         | TOTAL               |                        | OR        | TOTAL               | 1076                   |
| CLAIMS AS AMENDED - PART II  |  |                                   |                            |         |                  |                                 |                  |                         | 1                   |                        |           | OTHER               |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                   |                            |         |                  |                                 |                  |                         | SMALL               | ENTITY                 | OR        | SMALL               |                        |
| AMENDMENT A  |  | CLAIR<br>REMAIN<br>AFTE<br>AMENDI | NING<br>ER                 |         | NUM<br>PREVI     | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA | ļ.                      | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | * 9                               | VI L                       | Minus   | **               | 10                              | =                |                         | X\$ 9=              |                        | QR        | X\$18=              |                        |
| MEN  | Independent                                    | *                                 |                            | Minus   | ***              | 7                               | = \              |                         | X42=                |                        | OR        | X84=_               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                   |                            |         |                  |                                 |                  | j                       | +140=               |                        | OR        | +280=               |                        |
| TOTAL ADDIT, FEE OR ADDIT, FEE   |  |                                   |                            |         |                  |                                 |                  |                         |                     |                        |           |                     |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                   |                            |         |                  |                                 |                  |                         |                     |                        |           |                     |                        |
|  |  | CLA                               |                            | 1       | HIG              | HEST                            |                  | 1                       |                     | ADDI-                  | 1         |                     | ADDI-                  |
| AMENDMENT B  |  | REMAII<br>AFTI<br>AMEND           | ER                         |         | PREV             | MBER<br>NOUSLY<br>D FOR         | PRESENT<br>EXTRA |                         | RATE                | TIONAL<br>FEE          |           | RATE                | TIONAL<br>FEE          |
| PAGE 1   | Total  |                                   | 7                          | Minus   | **               |                                 | a                |                         | X\$ 9=              |                        | OR        | X\$18=              |                        |
| ME   | Independent                                    | •                                 |                            | Minus   | ***              |                                 | ]=               | 4                       | X42=                |                        | OR        | X84=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                            |         |                  |                                 | J                | +140=                   |                     | OR                     | +280=     |                     |                        |
|  |  |                                   |                            |         |                  |                                 |                  |                         | TOTAL<br>ADDIT, FEE |                        | OR        | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                   |                            |         |                  |                                 |                  |                         |                     |                        |           |                     |                        |
| AMENDMENT C  |  | CLAI<br>REMAI<br>AFT<br>AMEND     | NING<br>ER                 |         | NU<br>PREV       | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |                         | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| Į<br>Į   | Total  | *                                 |                            | Minus   | **               |                                 | =                |                         | X\$ 9=              |                        | OR        | X\$18=              |                        |
|  | Independent                                    | •                                 |                            | Minus   | ***              | OF OLAIL                        | <u> -</u>        | 4                       | X42=                |                        | OR        | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                            |         |                  |                                 |                  | لـ                      | +140=               |                        | OR        | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE                 |  |                                   |                            |         |                  |                                 |                  |                         |                     |                        |           |                     |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                   |                            |         |                  |                                 |                  |                         |                     |                        |           |                     |                        |